309004

Study Area Code (SAC)

Annual Lifeline Eligible Telecommunications Carrier Certification Form

All carriers must complete all or portions of all sections
Form must be submitted to USAC and filed with the Federal Communications Commission

IMPORTANT: PLEASE READ INSTRUCTIONS FIRST

Deadline: January 31st (Annually)

Ohio	Cincinnati Bell Wireless LLC
State	ETC Name
i-wireless	Cincinnati Bell Inc.
DBA, Marketing or Other Branding Name (If same as ETC name, list "N/A" Do not leave blank)	Holding Company Name (If same as ETC name, list "N/A" Do not leave blank)
ermined in accordance with Section 3(2) of the Communications or controls, is owned or controlled by, or is under commo	ETC, using page 4 and additional sheets if necessary. Affiliation shall be tions Act. That Section defines "affiliate" as "a person that (directly or indirectly) on ownership or control with, another person." 47 U.S.C. § 153(2). See also 47
F.R. § 76.1200. ffiliated ETC's SAC	Affiliated ETC's Name
265061 and 305062	Cincinnati Bell Telephone Company LLC
rmation, or other similar legal document. An office	pant of a position listed in the article of incorporation, articles of the person who occupies a position specified in the corporate by
rmation, or other similar legal document. An office ws (or partnership agreement), and would typically mptroller, treasurer, or a comparable position. If the	cer is a person who occupies a position specified in the corporate by be president, vice president for operations, vice president for finance ne filer is a sole proprietorship, the owner must sign the certification.
rmation, or other similar legal document. An office was (or partnership agreement), and would typically mptroller, treasurer, or a comparable position. If the ction 1: Initial Certification All ETCs must compared to the c	cer is a person who occupies a position specified in the corporate by be president, vice president for operations, vice president for finance ne filer is a sole proprietorship, the owner must sign the certification.
rmation, or other similar legal document. An office was (or partnership agreement), and would typically mptroller, treasurer, or a comparable position. If the ction 1: Initial Certification All ETCs must compartify that the company listed above has had (see no Review income and program-based eligibility documents).	cer is a person who occupies a position specified in the corporate by the president, vice president for operations, vice president for finance are filer is a sole proprietorship, the owner must sign the certification. Supplete this section of the next to initials) certification procedures in place to: Sumentation prior to enrolling a consumer in the Lifeline program, and y was presented with documentation of each consumer's household.
rmation, or other similar legal document. An office was (or partnership agreement), and would typically mptroller, treasurer, or a comparable position. If the ction 1: Initial Certification All ETCs must compare that the company listed above has had (see not Review income and program-based eligibility document, to the best of my knowledge, the company income and/or program-based eligibility prior to he	cer is a person who occupies a position specified in the corporate by the president, vice president for operations, vice president for finance are filer is a sole proprietorship, the owner must sign the certification. In the latest this section between the initials certification procedures in place to: The section between the proprietorship and the consumer in the Lifeline program, and the section between the program and the program and the program are the program and the
mation, or other similar legal document. An office was (or partnership agreement), and would typically imptroller, treasurer, or a comparable position. If the ction 1: Initial Certification All ETCs must compare that the company listed above has had (see not retify that the company listed above has had (see not retify that the best of my knowledge, the company income and/or program-based eligibility prior to have confirm consumer eligibility by relying upon a Lifeline administrator prior to enrolling a consumer	cer is a person who occupies a position specified in the corporate by the president, vice president for operations, vice president for finance are filer is a sole proprietorship, the owner must sign the certification. In the little section by the next to initials) certification procedures in place to: The section by was presented with documentation of each consumer's household is or her enrollment in Lifeline; and/or secess to a state database and/or notice of eligibility from the state.

Section 2: Annual Recertification

Do not leave empty blocks. If an ETC has nothing to report in a block, enter a zero.

A	В	C	D	$\mathbf{E} = (\mathbf{A} - \mathbf{B} - \mathbf{C} - \mathbf{D})$
Number of subscribers claimed on February FCC Form 497 of current Form 555 calendar year (February data month)	Number of lines claimed on February FCC Form 497 of current Form 555 calendar year provided to wireline resellers	Number of subscribers claimed on the February FCC Form 497 that were initially enrolled in the current Form 555 calendar year (These subscribers did not have Lifeline service prior to January 1 of the current 555 calendar year.)	Number of subscribers de-enrolled <u>prior</u> to recertification attempt by either the ETC, a state administrator, access to an eligibility database, or by USAC	Number of subscribers ETC is responsible for recertifying for current Form 555 calendar year
32,853	0	(See Note)	32,853 (See Note)	0

Note: Cincinnati Bell Wireless stopped providing Lifeline service effective July 1, 2014, and all customers were de-enrolled prior to the annual recertification.

Recertification Results:

F	G	H = (F-G)	1	J = (H+I)
Number of subscribers ETC contacted directly to recertify eligibility through attestation	Number of subscribers responding to ETC contact	Number of non- responding subscribers	Number of subscribers responding that they are no longer eligible (This should be a subset of Block G.)	Number of subscribers de- enrolled or scheduled to be de-enrolled as a result of non-response or response of ineligibility from ETC recertification attempt
0	0	0	0	0

K	L
Number of subscribers whose eligibility was reviewed by state administrator, ETC access to eligibility database, or by USAC	Number of subscribers de-enrolled or scheduled to be de-enrolled as a result of finding of ineligibility by state administrator, ETC access to eligibility database, or USAC
0	0

Note: If any subscriber was reviewed by an ETC accessing a state database or by a state administrator and subsequently contacted directly by the ETC in an attempt to recertify eligibility, those subscribers should be listed in Blocks F through J as appropriate and not in Blocks K and L. As a result, all subscribers subject to recertification who were not de-enrolled prior to the recertification attempt must be accounted for in Block F or Block K.

The total of Block F and Block K should equal the number reported in Block E.

Certification:

Based on the data entered above, initial the certification(s) below that apply. Both Certification A and B may apply depending on the recertification procedures in place for the SAC reporting on this form. If Certification C applies, neither Certification A nor B may apply.

A.) I certify that the company listed above has had procedures in place to recertify the continued eligibility of all of its Lifeline subscribers, and that, to the best of my knowledge, the company obtained signed certifications from all subscribers attesting to their continuing eligibility for Lifeline. Results are provided in the chart above in Blocks F through J. I am an officer of the company named above. I am authorized to make this certification for the SAC listed above. Initial

AND/OR

	ANDIOR	
B.)	3.) I certify that the company listed above has procedures in place to	recertify consumer eligibility by relying on:
	(List database or name of administrator here)	Results are provided in the chart above in
	Blocks K through L. I am an officer of the company named abo	eve. I am authorized to make this certification for the
	SAC listed above.	
	Initial	

OR

C.) I certify that my company did not claim federal low income support for any Lifeline subscribers for the February Form 497 data month for the current Form 555 calendar year. I am an officer of the company named above. I am authorized to make this certification for the SAC listed above.

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Section 3: De-enroll Percentage

Using the data entered in Section 2, complete the chart below to find the percentage of subscribers de-enrolled for this ETC.

M = (F+K)	N = (J+L)	$O = ((N \div M) * 100)$
Number of subscribers that the ETC attempted to recertify directly or through a state administrator, ETC access to a state database, or by USAC (This should equal the number reported in Block E)	Number of subscribers de- enrolled or scheduled to be de- enrolled as a result of non-response or ineligibility	Percentage of subscribers de-enrolled or scheduled to be de-enrolled as a result of ineligibility or non-response
0	0	Not Calculable

Section 4: Pre-Paid ETCs

All ETCs must complete the appropriate check-box; pre-paid ETCs must complete all of Section 4. Pre-paid ETCs generally do not assess or collect a monthly fee from their Lifeline subscribers. ETCs that only assess a fee but do not collect such fees are pre-paid ETCs and must complete the chart below.

Is the ETC Pre-Paid?

Yes X

No 🔲

If Yes, record the number of subscribers de-enrolled for non-usage by month in Block Q below.

P	Q			
Month	Subscribers De-Enrolled for Non-Usage			
January	798			
February	831			
March	744			
April	791			
May	741			
June	603			
July	Not Applicable – No Longer Provided Lifeline Service			
August	Not Applicable – No Longer Provided Lifeline Service			
September	Not Applicable – No Longer Provided Lifeline Service			
October	Not Applicable – No Longer Provided Lifeline Service			
November	Not Applicable – No Longer Provided Lifeline Service			
December	Not Applicable – No Longer Provided Lifeline Service			
Total Subscribers	4,508			

Signature Block

Signed

By signing below, I certify that the company listed above is in compliance with all federal Lifeline certification procedures. I am an officer of the company named above. I am authorized to make this certification for the Study Area Code (SAC) listed above.

Signature of Officer

SVP/GM - Wireless Markets

Email Address of Officer

Robert Wilhelm

Person Completing This Certification Form

Michael Vanderwoude

Printed Name and Title of Officer

January 27, 2015

Date

513-397-6858

Contact Phone Number